APPLICATION DATA SHEET

Application Information

Secrecy Order in Parent Appl.::

Application Number::	
Filing Date::	11/24/03
Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	
Number of CD Disks::	
Number of Copies of CDs::	
Sequence Submission?::	
Computer Readable Form (CFR)?::	
Number of Copies of CFR::	
Title::	CAPTURING DEVICE FOR INSECTS
Attorney Docket Number::	36729-198472
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	5
Small Entity?::	Yes
Latin Name::	
Variety Denomination Name::	
Petition Included?::	
Petition Type::	
Licensed US Govt. Agency::	
Contract or Grant Numbers::	

Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship::	USA
Country::	USA
Status::	Full Capacity
Given Name::	David
Middle Name::	W.
Family Name::	Nelson
Name Suffix::	
City of Residence::	Asheville
State or Province of Residence::	NC
Country of Residence::	USA
Street of Mailing Address::	135 Pine Street
City of Mailing Address::	Asheville
State or Province of Mailing Address::	NC
Country of Mailing Address::	USA
Postal or Zip Code of Mailing Address::	28801
Applicant Authority Type::	Inventor
Primary Citizenship::	
Country::	
Status::	Full Capacity
Given Name::	
Middle Name::	
Family Name::	
Name Suffix::	
City of Residence::	
State or Province of Residence::	
Country of Residence::	
Street of Mailing Address::	

City of Mailing Address::	
State or Province of Mailing Address:: Country of Mailing Address::	
Postal or Zip Code of Mailing Address::	
Applicant Authority Type::	Inventor
Primary Citizenship::	
Country::	
Status::	Full Capacity
Given Name::	
Middle Name::	
Family Name::	
Name Suffix::	
City of Residence::	
State or Province of Residence::	
Country of Residence::	
Street of Mailing Address::	
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State or Province of Mailing Address::	
Country of Mailing Address::	
Postal or Zip Code of Mailing Address::	
Applicant Authority Type::	Inventor
Primary Citizenship::	
Country::	
Status::	Full Capacity
Given Name::	
Middle Name::	
Family Name::	

Name Suffix::

City of Residence::

State or Province of Residence::

Country of Residence::

Street of Mailing Address::

City of Mailing Address::

State or Province of Mailing

Address::

Country of Mailing Address::

Postal or Zip Code of Mailing

Address::

Correspondence Information

Correspondence Customer

26694

Number::

Phone Number:: 202 344 8000

Fax Number::

202 344 4800

E-Mail Address::

acaitken@venable.com

Representative Information

Representative Customer

26694

Number::

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	Continuation of	09/652,235	8/22/00
09/652,235	Continuation of	09/246,543	2/8/99
	Continuation of	08/832,384	4/2/97
	Continuation of		

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::

Assignee Information

Assignee Name::

Street of Mailing Address::

City of Mailing Address::

State or Province of Mailing

Address::

Country of Mailing Address::

Postal or Zip Code of Mailing

Address::